

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Eileen Baynard*

Town *Church Hill* County *24*

Died at *24*

Date of death *1905 June 28* Age *75* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *24. Coving*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *Alex Baynard*

Father's Name *Samuel B. Finner* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Thos. Warrick* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Carditis* How long *one year*

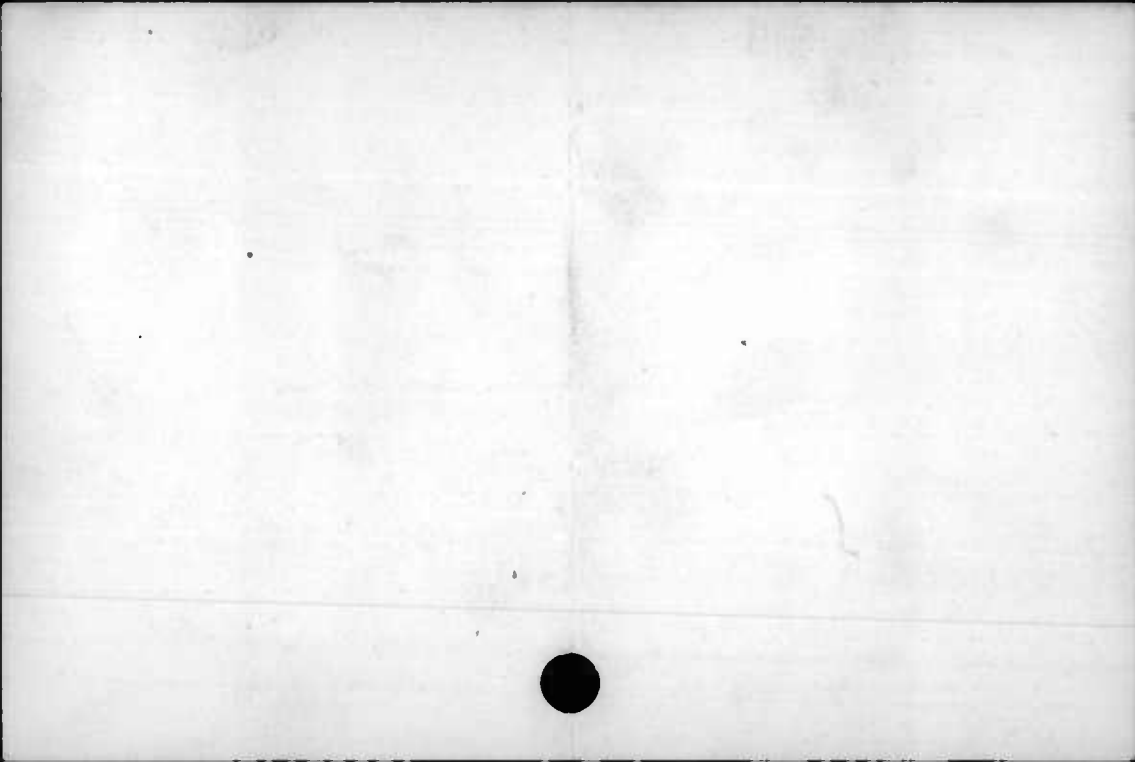
Immediate *Probably sin of the heart* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Lane Finley*

Address *in town*

Accident or Suicide? *No*



Name in Full		Bessie F. Brown				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Chuch Hill</i>		Town <i>Sumner</i> County <i>Sumner</i>		MARYLAND	
		Date of death <i>1905</i>		Month <i>6</i>		Day <i>29</i>	
		Age <i>19</i>		Years		Months	
		Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>near Chuch Hill Md</i>	
		Occupation <i>Cook</i>		Where Residing if not at place of death			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>George E. Brown</i>		Father's Birthplace <i>near Cunningham Md</i>					
Mother's Maiden Name <i>Annie R. Bennett</i>		Mother's Birthplace <i>near Chuch Hill Md</i>					
Name of person giving information <i>George E. Brown</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2A</span>							
PHYSICIAN OR CORONER		Primary <i>Pulmonary tuberculosis</i>				How long <i>about 9 mos</i>	
		Immediate <i>Exhaustion</i>				How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>A. H. P. S. Medore</i>	
						Address <i>Chuch Hill Md</i>	
		Accident or Suicide?					

Union Hall

Name  
in  
Full

CERTIFICATE OF DEATH

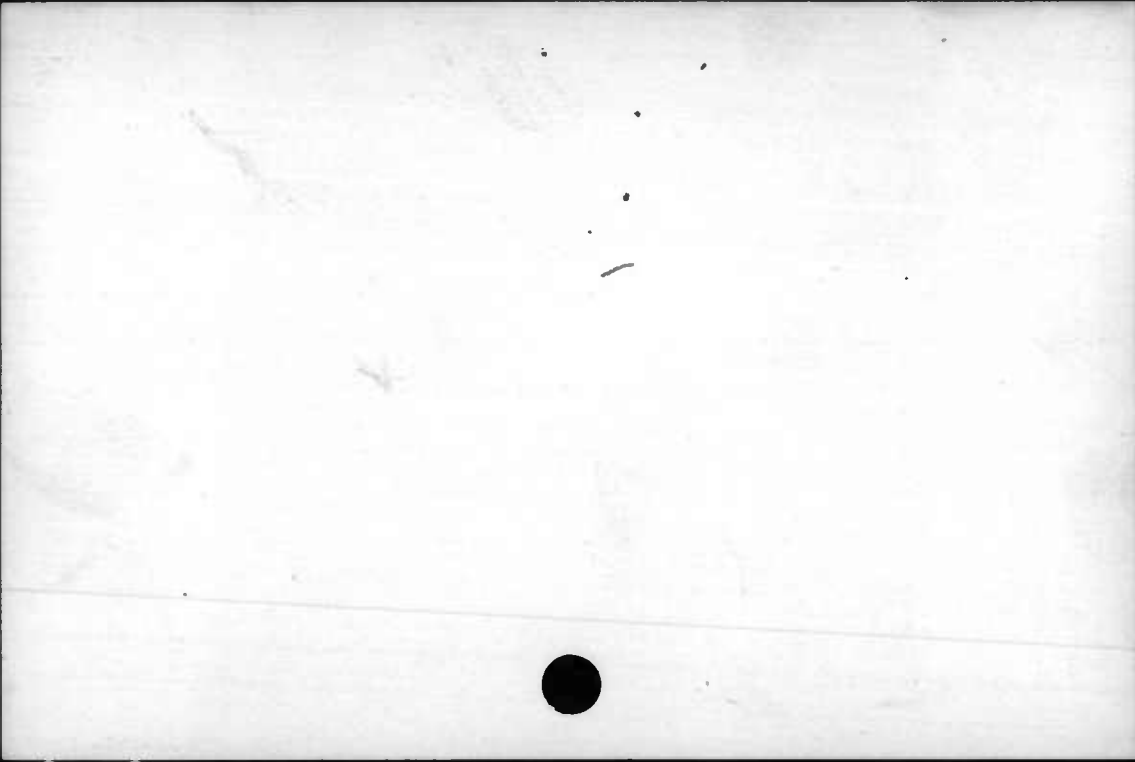
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary R Duford</i>		Town <i>Marble</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Marble</i>		Date of death <i>1905 June 18</i>		Age <i>65</i>		Months <i>1</i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Allegheny Co</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thos J. Duford</i>					
Father's Name <i>Charles Sparks</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Agnes Scott</i>		How related to deceased <i>Son</i>		<i>16</i>			
Name of person giving information <i>Nesley Duford</i>							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Fracture of head femur</i>		How long <i>2 mos.</i>	
Immediate <i>Exhaustion</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. N. S. Dudley</i>	
		Address <i>Church Hill Maryland</i>	
Accident or Suicide? <i></i>			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ingleside</i>		County <i>L.A.</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>15</i>	Age <i>72</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Near Ingleside Ind.</i>		
<del>Married, Single or Widowed</del>		Name of Wife or Husband			
Father's Name					
Mother's Maiden Name					
Name of person giving information <i>G. F. Duncan</i>				How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	How long
Immediate <i>Bright's Disease</i>	How long <i>7 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. G. Graham</i>
	Address <i>Ingleside Ind.</i>
Accident or Suicide?	

J. E. Ferguson

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Near* <sup>Town</sup> *Fords Store*<sup>County</sup> *Queen Anne*Date  
of death *1908*Month *June*Day *27*Age *29*

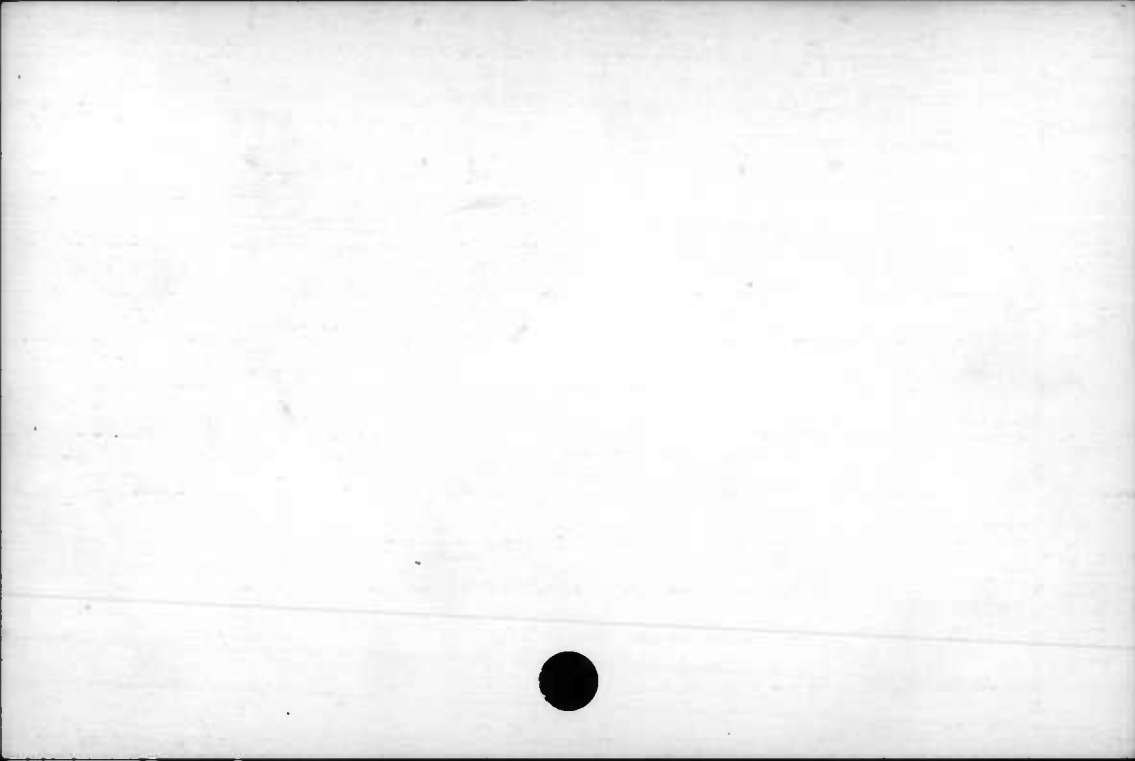
Months

Days

Sex *Female*Color or  
Race *Caucasian*Birth-  
place *Phila Pa*Occupation *Housewife*Where Residing if not  
at place of death *Baltimore*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Harry*Father's  
Name *Elijah Pryor*Father's  
Birthplace *Caroline Co*Mother's  
Maiden Name *Ladie Jenkins*Mother's  
Birthplace *Penn*Name of person giving  
In formation *W. L. Ford*How related  
to deceased *Brother in Law*

## CAUSES OF DEATH

Primary *Not Known*How long *26*Immediate *Tubercular Laryngitis*How long *Two years*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *Howard R. Hipkins*Address *Queenstown*Accident or Suicide? *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

James Godwin

Town

County

Died at

Church Hill

La Co

MARYLAND

Date

Month

Day

Years

Months

Days

of death

190

June

11

Age

87.

Sex

Male

Color or  
Race

White

Birth-  
place

Iowa

Occupation

Where Residing if not  
at place of death

Church Hill

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary E Griffin

Father's  
Name

Samuel Godwin

Father's  
BirthplaceMother's  
Maiden Name

Macey -

Mother's  
BirthplaceName of person giving  
In formation

Mrs Mary E Godwin

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Inaptitude  
Exhaustion

How long

3 mos

Immediate

How long

2 hrs

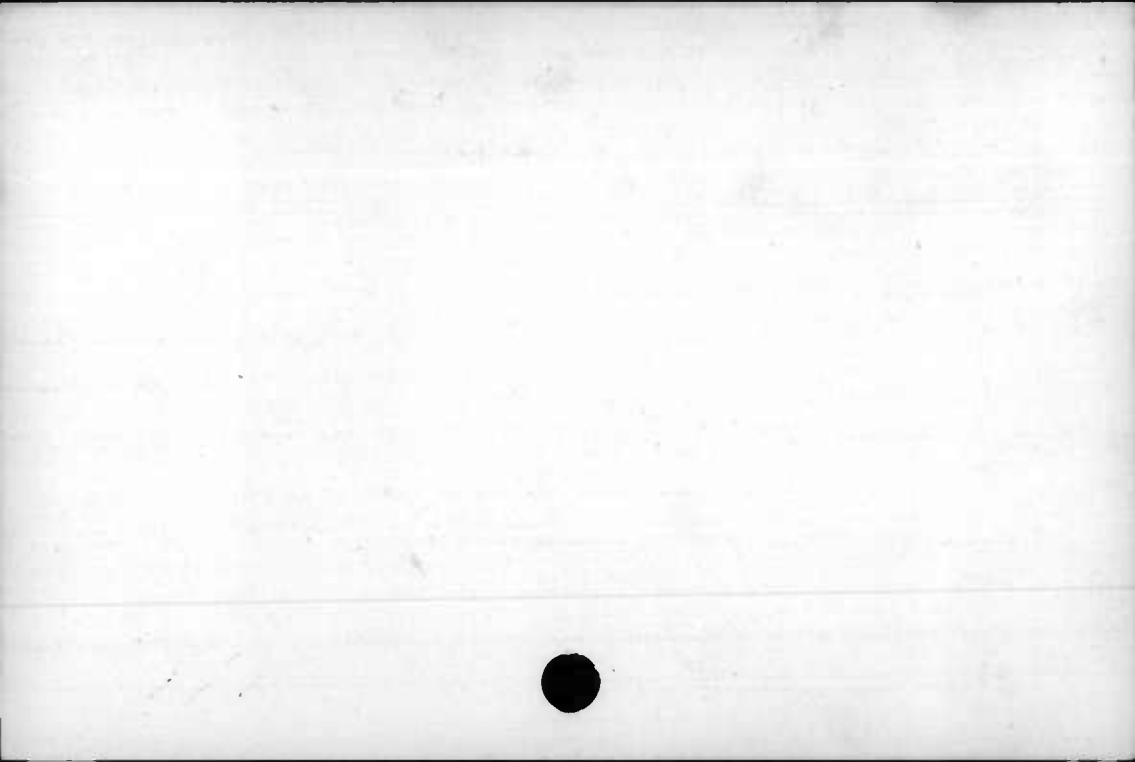
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

N. S. Duabey  
Church Hill

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Haret Emily Hill

## CERTIFICATE OF DEATH

Town

County

Died at

Brownsville

Age

Years

Months

Days

MARYLAND

Date

1905

Month

June

Day

8

Age

24

Months

8

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Brownsville

Occupation

Cook

Where Residing if not  
at place of death

Brownsville

Married, Single  
or Widowed

Widow

Name of Wife or  
HusbandFather's  
Name

Thomas H. Brown

Father's  
Birthplace

I. A. Co

Mother's  
Maiden Name

Caroline Brown

Mother's  
Birthplace

I. A. Co

Name of person giving  
information

Caroline Brown

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Tuberculosis

How long

17 months

Immediate

Heart failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

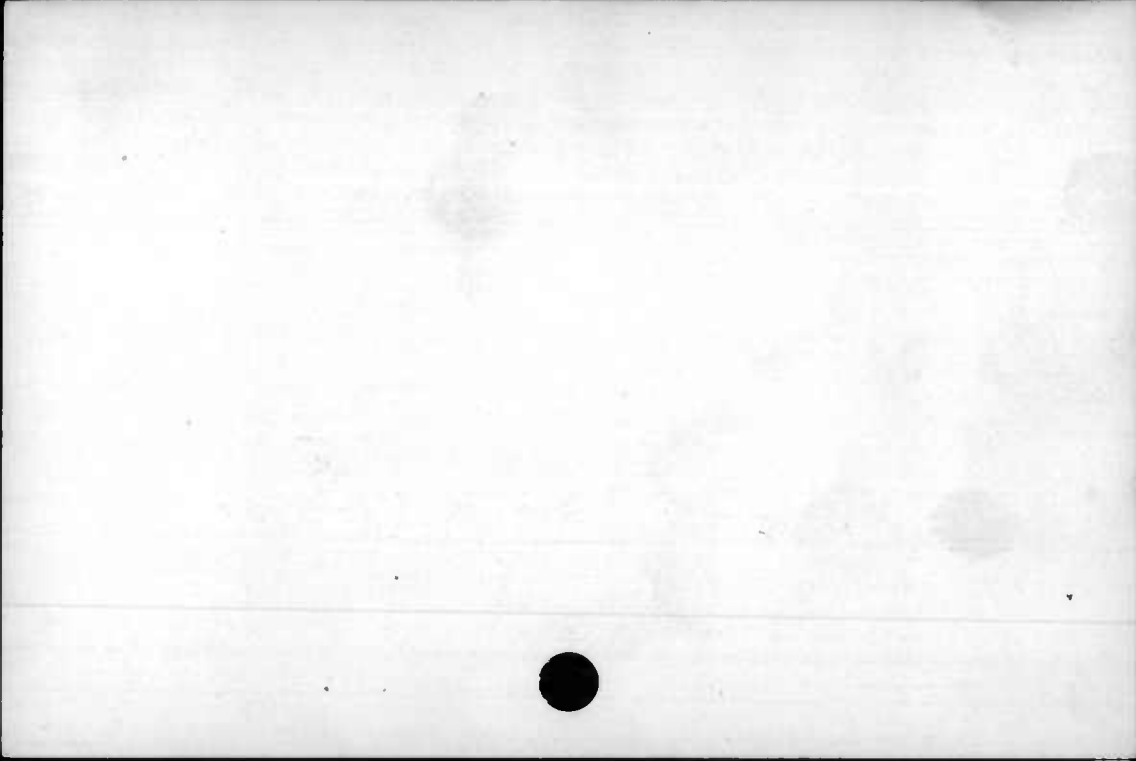
Signature of  
Physician

Address

J. L. Lane  
Centerville  
IndFinley  
Ind

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Libbie Jacobs* Town *New Bordeaux* County *L.A. Co.* MARYLAND

Died at *New Bordeaux* Date of death *190* *June* *7* *7* Age *41* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *L.A. County*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *William Jacobs*

Father's Name *David Wallace* Father's Birthplace *Delaware*

Mother's Maiden Name *Mary R. Wallace* Mother's Birthplace *L.A. Co.*

Name of person giving information *Mr. E. Taylor* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Endocarditis* How long *from history a year or two*

Immediate *Prostate* How long *two or 3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. H. W. Weedon* Address *Church Hill, Md*

Accident or Suicide? *—* *P. I. I only saw patient twice or only 2 weeks before death, J. H. W. Weedon*



Name  
in  
Full

Edward Jones

## CERTIFICATE OF DEATH

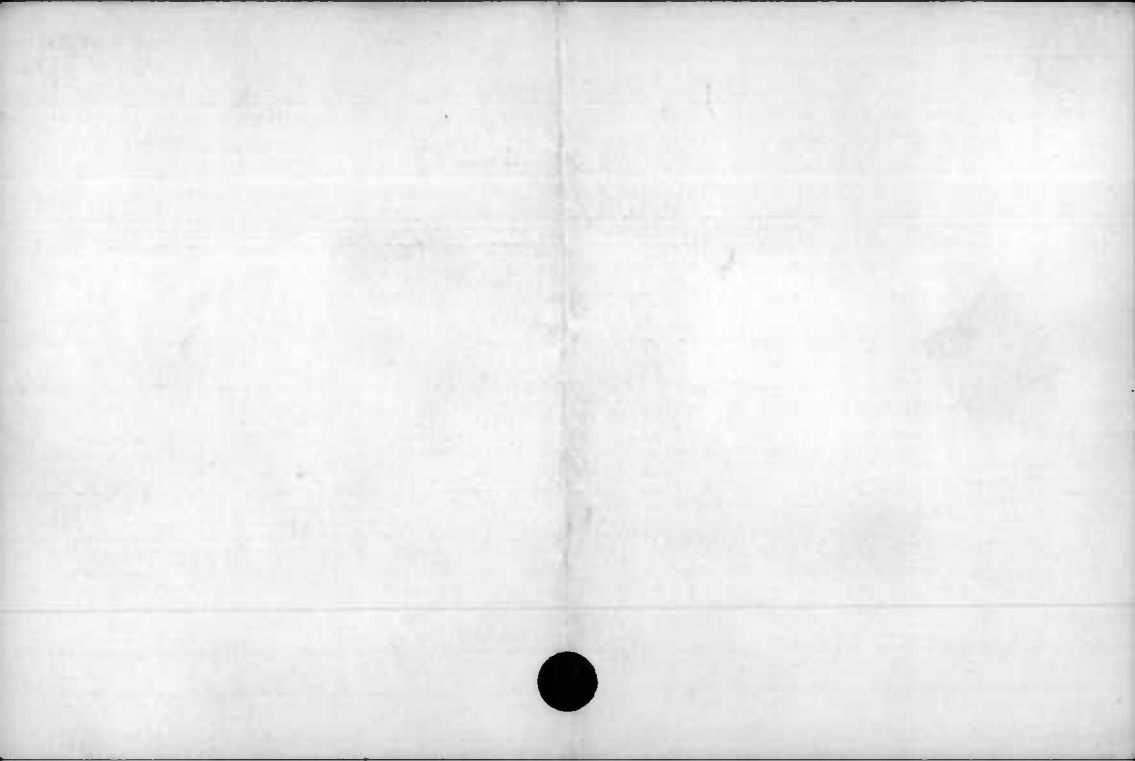
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Sudlersville</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>June 8 1905</i>	Month <i>June</i>	Day <i>8</i>	Age <i>30</i>	Months <i>7</i>	Days <i>8</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Near Sudlersville</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>did on farm</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Morcha Jones</i>				
Father's Name <i>Moses Jones</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Sarah Spear</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>R Oscar Dow</i>	How related to deceased <i>Friend</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>Six months</i>
Immediate <i>Exhaustion</i>	How long <i>One "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Foster Suckles</i>
	Address <i>Sudlersville Md.</i>
Accident or Suicide?	



Name  
in  
Full

Grace M. Meredith

## CERTIFICATE OF DEATH

MARYLAND

Died at *Q. A. Co.* Town

County

Date  
of death *1905*Month  
*6*Day  
*11*Age  
*10* YearsMonths  
*2*

Days

Sex *Female*Color or  
Race*white*Birth-  
place*L. A. Co*

Occupation

*School girl*Where Residing if not  
at place of death*New Centreville Md*Married, Single  
or Widowed*Single*Name of Wife or  
HusbandFather's  
Name*James E. Meredith*Father's  
Birthplace*L. A. Co*Mother's  
Maiden Name*Lizzie Corder*Mother's  
Birthplace*L. A. Co*Name of person giving  
InformationHow related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Burn  
Shock*

How long

*Two hours*

Immediate

How long

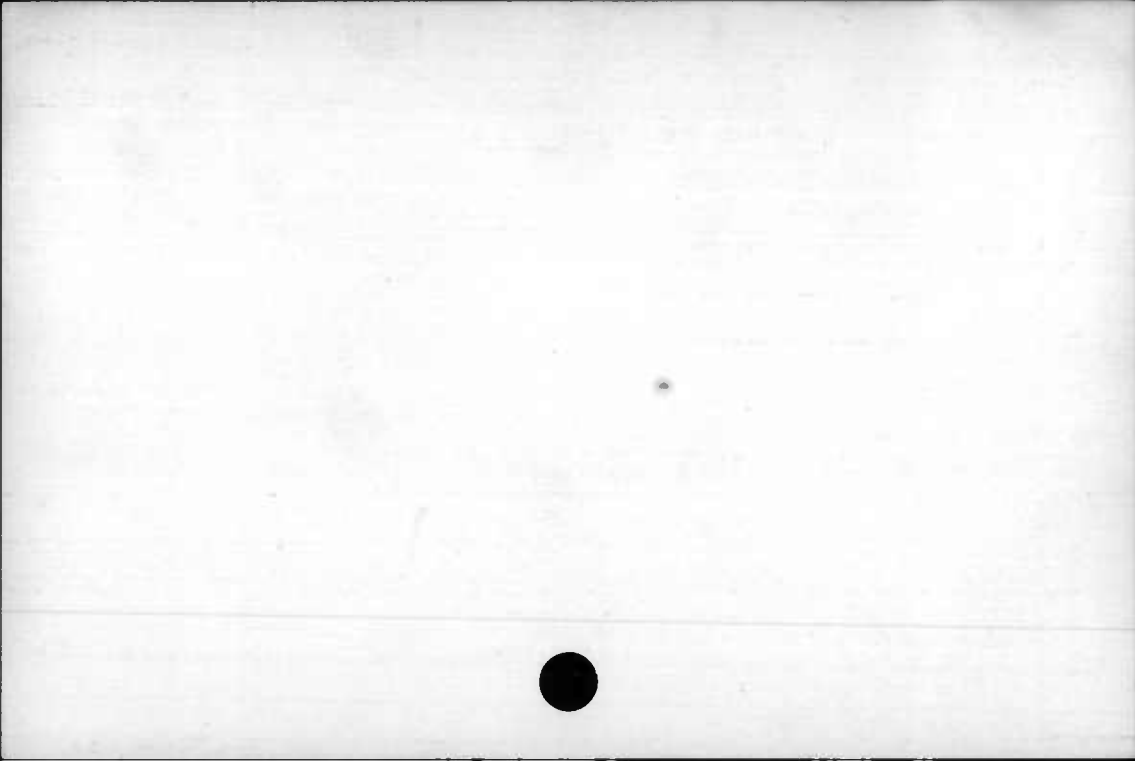
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

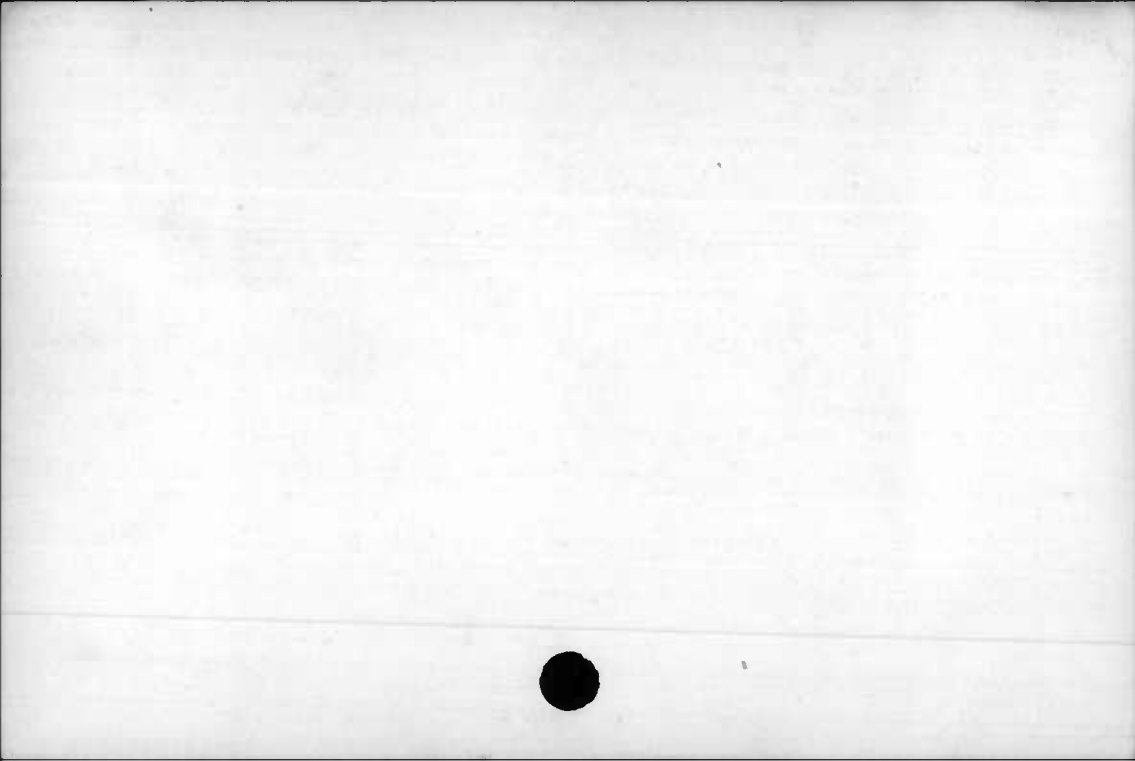
*J. Lane Finley  
Centreville Md*

Accident or Suicide?

*Accident*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER*9*



Name in Full		Samuel Wikerson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Tussockville		County		MARYLAND
	Date of death		1905	Month	6	Day	14
	Age		19		Years	Months	7
	Sex	Male		Color or Race	White		Birth-place
	Occupation		Laborer		Where Residing if not at place of death		
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name		James H Wikerson			Father's Birthplace	
Mother's Maiden Name		Emma Du Lammel			Mother's Birthplace		
Name of person giving information		Mrs Jas Wallace			How related to deceased		None
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Typhoid Fever			How long	Five weeks
	Immediate		Exhaustion			How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?						



Name  
in  
Full

Not Named Quinby (UP)

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ruthsburg</u> <sup>Town</sup>		<u>Queen Anne</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1903</u>	Month <u>June</u>	Day <u>14</u>	Age <u>6</u> Years	Months <u>6</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ruthsburg</u>		
Occupation			Where Residing if not at place of death		
<del>Married</del> , Single <u>as divorced</u>			Name of Wife or Husband		
Father's Name <u>Wm B. Quinby</u>			Father's Birthplace <u>Whilloughby, Ind.</u>		
Mother's Maiden Name <u>Mattie D. Smith</u>			Mother's Birthplace <u>Delaware</u>		
Name of person giving information <u>Mattie D. Quinby</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	} Premature Birth (15) } 6 hours	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Walter H. Fenby</u>
		Address <u>Ruthsburg, Md.</u>
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Centerville</i>		County <i>Fulton</i>		State <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>6</i>	Day <i>1</i>	Age <i>83</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Fulton County</i>		
Occupation <i>board</i>			Where Residing if not at place of death <i>Place of death</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>John A. Hutchins</i>			Father's Birthplace <i>Fulton County</i>		
Mother's Maiden Name <i>Ann Knorr</i>			Mother's Birthplace <i>Ind. Knorr</i>		
Name of person giving information <i>M. C. Crader</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Crader M.D.</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>No</i>	<i>M.D.</i>

